



Fee Only

PATENT

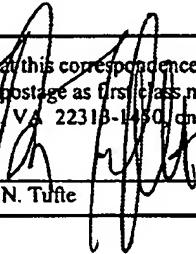
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian N. Tufte Confirmation No.: 9075
Serial No. 10/074,356 Examiner: I. Negron
Filing Date: February 12, 2002 Group Art Unit 2875
For: ELONGATED ILLUMINATION DEVICE
Docket: 1076.1105101

AMENDMENT

Mail Stop Amendment
Assistant Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.8: I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this 19th day of May, 2004.

By: 
Brian N. Tufte

Dear Sir:

This Amendment is being filed in response to the Official Action of the Examiner mailed February 20, 2004, setting a three-month shortened statutory period for response ending May 20, 2004.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.

05/26/2004 MAHMED1 00000083 10074356

01 FC:1202 306.00-OP
02 FC:1201 172.00-OP

Repin. Ref: 05/26/2004 MAHMED1 0020033900
Date: 5/26/04 DA# 500413 Name/Number: 10074356
FC: 9204 \$6.00-GR

07/22/2004 CPARIS 00000001 50041872.00004356

01 FC:1202 342.00 DA
02 FC:1201 258.00 DA

Repin. Ref: 07/22/2004 CPARIS 0016452900
Date: 5/26/04 DA# 500413 Name/Number: 10074356
FC: 9204 \$478.00 CR

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/074356

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

5/24/04

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 46	Minus	** 27 = 19
Independent	* 14	Minus	*** 11 = 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE - <input type="checkbox"/>		OTHER THAN SMALL ENTITY	
RATE	Fee	RATE	Fee
BASIC FEE	\$385	BASIC FEE	\$470
X\$9 =		X\$18 =	
X\$13 =		X\$36 =	
+145 =		+290 =	
TOTAL		TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$9 =	171	X\$18 =	342
X\$13 =	129	X\$36 =	258
+145 =		+290 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X\$9 =		X\$18 =	
X\$13 =		X\$36 =	
+145 =		+290 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X\$9 =		X\$18 =	
X\$13 =		X\$36 =	
+145 =		+290 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	